

**CITY OF FRISCO
2016 GRANT APPLICATION**

AGENCY INFORMATION

Agency Name:

Program/Project Name:

Executive Director Name and Title:

ED Phone:

ED E-mail:

Address of Project:

Phone:

E-mail:

Tax ID:

Application contact:

Address:

Phone:

E-mail:

PROJECT

Project Description:

Total Project Cost:

Grant Request:

Administration Cost:

What is the percentage of the total agency budget allocated for the compensation (salary, benefits, bonuses) of the top paid staff member?

1. Please check the Consolidated Plan Goal that is addressed by this program.

___ Maintain the City's current affordable stock through home rehabilitation, while also pursuing new opportunities for expansion of affordable housing for Frisco's residents and workforce.

___ Continue to Support households' at-risk o homelessness with necessary support services, as well as, continue to support programs offering transitional housing opportunities for homeless families and individuals.

___ Improve the lives of special needs citizens.

<p>2. Does the request provide an emergency service? (food, shelter, clothing, preventive medical care)Please specify:</p>

3. Is the mission of your program to primarily serve one of the following categories of clientele, and if so which one? (1) abused children, (2) battered spouses, (3) elderly persons, (4) severely disabled collecting SSI, (5) homeless persons, (6) illiterate adults, (7) persons living with AIDS, (8) migrant farm workers.

4. What is the total number of clients expected to be served by this project?

5. What is the number of Frisco residents to be served by this project?

6. What is the percentage of Frisco residents to be served by this project compared to the total clients served?

NARRATIVE	
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Agency Mission (Please describe):

Agency Activities (Please list):

- What year did the agency start providing services as a 501(c) 3 agency to the citizens of Frisco?
- Does the agency have a Frisco site to provide services?
- How many clients did you serve in fiscal year 2014?
- Is your agency the sole provider of this service?
- If not, do you share your client lists with each other to avoid duplication?

Federal Funds

- Does the agency have federal funds experience?
- What year did the agency begin to receive federal funds?

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Program Staff	
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- Please list the staff positions for this program.

- ## Need Justification

- Briefly describe the need for City of Frisco funds:

❖ Please list the documents that are collected to determine eligible income status:

- To comply with CDBG Section 3 requirements, during the grant period, do you anticipate:

- 3

	Number of New Positions due to project		
	Number of Section 3 Resident New Hires		
	Number of Training Opportunities provided		
	Number of Training Opportunities provided to Section 3 Residents		

Program Measures

What program outcomes from the program do you anticipate?

How are the outcomes measured?

How often are the outcomes measured?

Program Collaborations

Please **attach** a list of all agencies or organizations with which your agency is collaborating for this program and describe how you are collaborating.

Did your agency attend the Grant Application workshop on January 15, 2016? Yes___ No___

Does your agency have the capacity to attend quarterly grant training? Yes___ No___

Volunteers

- ❖ Does the program utilize volunteers?
- ❖ Please describe the volunteer actions of the Board of Directors.

Sources of Program Funding/Partnerships

- ❖ Please **attach** a list other sources of funding for this program and include the amounts of funding.
- ❖ If the program is not funded, will the project go forward and will any changes be made?

❖ Please complete Exhibit B – Budget.